

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 6
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Human Rights Campaign Equality Votes		FEC IDENTIFICATION NUMBER ▼ C C00508440	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2016	

Full Name of Payee Human Rights Campaign		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 18 / 2016	
Mailing Address 1640 Rhode Island Ave NW		Amount 442.26	
City Washington	State DC	Zip Code 20036	Transaction ID : D632014
Purpose of Expenditure Online advocacy - staff time		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 18 / 2016
Name of Federal Candidate Clinton, Hillary, Rodham, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		52248.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Human Rights Campaign		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 18 / 2016	
Mailing Address 1640 Rhode Island Ave NW		Amount 1769.04	
City Washington	State DC	Zip Code 20036	Transaction ID : D632015
Purpose of Expenditure Online advocacy - staff time		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 18 / 2016
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		52248.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2211.30
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rinefierd, James, , Mr.,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2016

Signature

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +9A-N5HCB
.

Form/Schedule: F24A

Transaction ID :

Amending original filing FEC-1102632. Expense of \$1200 originally shown as paid to Lamar Advertising has been changed to paid to HRC, in order to reimburse HRC for a payment made to Lamar by credit card for the same expense.

Form/Schedule:

Transaction ID:

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Human Rights Campaign Equality Votes		FEC IDENTIFICATION NUMBER ▼ C C00508440	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 10 / 05 / 2016	

Full Name of Payee Doyle Printing & Offset		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 27 / 2016	
Mailing Address 5206 46th Ave		Amount 988.76	
City Hyattsville	State MD	Zip Code 20781	Transaction ID : D633447
Purpose of Expenditure Signage	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 27 / 2016	
Name of Federal Candidate Clinton, Hillary, Rodham, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		52248.99	

Full Name of Payee Human Rights Campaign X		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2016	
Mailing Address 1640 Rhode Island Ave NW		Amount 4857.75	
City Washington	State DC	Zip Code 20036	Transaction ID : D633650
Purpose of Expenditure GOTV Organizers - staff time (memo item)	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2016	
Name of Federal Candidate Clinton, Hillary, Rodham, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		52248.99	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	988.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rinefierd, James, , Mr.,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 10 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Human Rights Campaign Equality Votes		FEC IDENTIFICATION NUMBER ▼ C C00508440	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 10 / 05 / 2016	

Full Name of Payee Human Rights Campaign X		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2016	
Mailing Address 1640 Rhode Island Ave NW		Amount 416.77	
City Washington	State DC	Zip Code 20036	Transaction ID : D633673
Purpose of Expenditure GOTV - staff time (memo item)		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2016
Name of Federal Candidate Clinton, Hillary, Rodham, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		52248.99	

Full Name of Payee Human Rights Campaign X		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2016	
Mailing Address 1640 Rhode Island Ave NW		Amount 265.84	
City Washington	State DC	Zip Code 20036	Transaction ID : D633674
Purpose of Expenditure GOTV - staff travel (memo item)		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2016
Name of Federal Candidate Clinton, Hillary, Rodham, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		52248.99	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rinefierd, James, , Mr.,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 10 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Human Rights Campaign Equality Votes		FEC IDENTIFICATION NUMBER ▼ C C00508440	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2016	

Full Name of Payee Impact Dialing		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2016	
Mailing Address 400 SW 6th Ave Suite 800		Amount 234.40	
City Portland	State OR	Zip Code 97204	Transaction ID : D633849
Purpose of Expenditure Telephone calls	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2016	
Name of Federal Candidate Clinton, Hillary, Rodham, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		52248.99	

Full Name of Payee Human Rights Campaign X		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2016	
Mailing Address 1640 Rhode Island Ave NW		Amount 1200.00	
City Washington	State DC	Zip Code 20036	Transaction ID : D634481
Purpose of Expenditure Billboard - Richmond VA (Lamar Advertising)	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2016	
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		52248.99	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	234.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rinefierd, James, , Mr.,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 6 OF 6
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Human Rights Campaign Equality Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00508440 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2016 </div>	

Full Name of Payee Human Rights Campaign <input checked="" type="checkbox"/>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>M M M / D D D / Y Y Y Y Y Y 10 / 04 / 2016</div> </div>		
Mailing Address 1640 Rhode Island Ave NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">64.32</div>		
City Washington	State DC	Zip Code 20036	Transaction ID : D633656 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>M M M / D D D / Y Y Y Y Y Y 10 / 04 / 2016</div> </div>		
Purpose of Expenditure Email - staff time (memo item)		Category/ Type	Name of Federal Candidate Clinton, Hillary, Rodham, ,		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>M M M / D D D / Y Y Y Y Y Y</div> </div>		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>M M M / D D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure		Category/ Type	Name of Federal Candidate		
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">3434.46</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rinefierd, James, , Mr.,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2016

Signature